

SOLICITATION, OFFER AND AWARD			1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)			RATING		PAGE OF PAGES 1 10						
			2. CONTRACT NUMBER DE-EM0003383			3. SOLICITATION NUMBER DE-SOL-0006930		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 06/11/2014		6. REQUISITION/PURCHASE NUMBER 14EM002942		
7. ISSUED BY Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352			CODE 00601		8. ADDRESS OFFER TO (If other than Item 7)									
NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".														
SOLICITATION														
9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until _____ (Hour) local time _____ (Date)														
CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.														
10. FOR INFORMATION CALL:		A. NAME Janie J. Gonzalez			B. TELEPHONE (NO COLLECT CALLS) AREA CODE 509 NUMBER 373-3480 EXT.			C. E-MAIL ADDRESS janie.gonzalez@rl.doe.gov						
11. TABLE OF CONTENTS														
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)							
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES										
<input checked="" type="checkbox"/>	A	SOLICITATION/CONTRACT FORM	10	<input checked="" type="checkbox"/>	I	CONTRACT CLAUSES	11							
<input checked="" type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COSTS	7	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.										
<input checked="" type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT	9	<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	17							
<input checked="" type="checkbox"/>	D	PACKAGING AND MARKING	2	PART IV - REPRESENTATIONS AND INSTRUCTIONS										
<input checked="" type="checkbox"/>	E	INSPECTION AND ACCEPTANCE	3	<input type="checkbox"/>	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS								
<input checked="" type="checkbox"/>	F	DELIVERIES OR PERFORMANCE	6	<input type="checkbox"/>	L	INSTRS., CONDS., AND NOTICES TO OFFERORS								
<input checked="" type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA	5	<input type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD								
<input checked="" type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS	18											
OFFER (Must be fully completed by offeror)														
NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.														
12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.														
13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)			10 CALENDAR DAYS (%) NET 30		20 CALENDAR DAYS (%)		30 CALENDAR DAYS (%)		CALENDAR DAYS (%)					
14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):			AMENDMENT NO.		DATE		AMENDMENT NO.		DATE					
15A. NAME AND ADDRESS OF OFFEROR PENSER NORTH AMERICA INC Attn: PHIL VALDENS 700 SLEATER KINNEY RD SE, SUITE B #170 LACEY WA 985138513			CODE 129467614		FACILITY		16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)							
15B. TELEPHONE NUMBER AREA CODE NUMBER EXT.			15C. CHECK IF REMITTANCE ADDRESS <input type="checkbox"/> IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.			17. SIGNATURE			18. OFFER DATE					
AWARD (To be completed by government)														
19. ACCEPTED AS TO ITEMS NUMBERED			20. AMOUNT \$4,345,531.38			21. ACCOUNTING AND APPROPRIATION See schedule								
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()						23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)			ITEM					
24. ADMINISTERED BY (If other than Item 7) See Schedule G						CODE 00601			25. PAYMENT WILL BE MADE BY See Schedule G			CODE 00513		
26. NAME OF CONTRACTING OFFICER (Type or print) John J. Wiltshire						27. UNITED STATES OF AMERICA Signature on File (Signature of Contracting Officer)						28. AWARD DATE 9/15/2014		

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		2	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00001	Tax ID Number: 91-2180915 DUNS Number: 129467614 The United Stated Department of Energy , Richland Operations Office (DOE-RL) is issuing a Solicitation for Third Party Administrator (TPA) for the Workers' Compensation Program (WCP) at the Department of Energy Hanford Site, located in Richland Washington, to ensure compliance with the Revised Code of Washington (RCW) Title 51 Washington State Code (WAC) 296, "Department of Labor and Industries", Washington State Department of Labor and Industries (WSDL&I) Self Insurance Section Claims Administration Policy Manual, and the WSDL&I Workers' Compensation Manual - A Guide to Claims Adjudication in Washington State. Delivery Location Code: 00601 Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 FOB: Destination Period of Performance: 10/01/2014 to 09/30/2016				
	CLIN0001 - New Indemnity Claims				1,661,961.58
	Base Period - CLIN0001A AND CLIN0001B 10/01/2014 - 09/30/2016				
	Base Period Value \$ 614,541.60				
	Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017				
	Option Year 1 Value \$330,280.36				
	Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018				
	Option Year 2 Value \$346,795.10				
	Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019				
	Continued ...				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		3	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Option Year 3 Value \$370,344.52</p> <p>Total Value with Base and all Options \$1,661,961.58 Line item value is:\$1,661,961.58 Incrementally Funded Amount: \$33,500.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$33,500.00</p>				
00002	<p>CLIN0002 - New Medical Claims</p> <p>Base Period - CLIN0002A AND CLIN0002B 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$ 516,553.00</p> <p>Option Year 1 - CLIN0002C 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$277,813.76</p> <p>Option Year 2 - CLIN0002D 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$291,705.44</p> <p>Option Year 3 - CLIN0002E 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$306,289.95</p> <p>Total Value with Base and all Options \$1,392,362.15 Line item value is:\$1,392,362.15 Incrementally Funded Amount: \$25,000.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$25,000.00</p>				1,392,362.15
00003	<p>CLIN0003 - New Hearing Claims</p> <p>Continued ...</p>				709,158.65

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		4	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Base Period - CLIN0003A AND CLIN0003B 10/01/2014 - 09/30/2016 Base Period Value \$259,022.52 Option Year 1 - CLIN0003C 10/01/2016 - 09/30/2017 Option Year 1 Value \$142,787.83 Option Year 2 - CLIN0003D 10/01/2017 - 09/30/2018 Option Year 2 Value \$149,925.52 Option Year 3 - CLIN0003E 10/01/2018 - 09/30/2019 Option Year 3 Value \$157,422.78 Total Value with Base and all Options \$709,158.65 Line item value is:\$709,158.65 Incrementally Funded Amount: \$10,000.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$10,000.00				
00004	CLIN0004 - Transferred Indemnity Claims Base Period - CLIN0004 10/01/2014 - 09/30/2016 Base Period Value \$36,000.00 Option Year 1 - CLIN0004 10/01/2016 - 09/30/2017 Option Year 1 Value \$18,000.00 Option Year 2 - CLIN0004 10/01/2017 - 09/30/2018 Option Year 2 Value \$18,000.00 Option Year 3 - CLIN0004 10/01/2018 - 09/30/2019 Option Year 3 Value \$18,000.00 Total Value with Base and all Options \$90,000.00 Line item value is:\$90,000.00 Incrementally Funded Amount: \$7,000.00 Continued ...				90,000.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		5	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00005	Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$7,000.00 CLIN0005 - Transferred Medical Claims Base Period - CLIN0005 10/01/2014 - 09/30/2016 Base Period Value \$8,000.00 Option Year 1 - CLIN0005 10/01/2016 - 09/30/2017 Option Year 1 Value \$4,000.00 Option Year 2 - CLIN0005 10/01/2017 - 09/30/2018 Option Year 2 Value \$ 4,000.00 Option Year 3 - CLIN0005 10/01/2018 - 09/30/2019 Option Year 3 Value \$4,000.00 Total Value with Base and all Options \$20,000.00 Line item value is:\$20,000.00 Incrementally Funded Amount: \$7,000.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$7,000.00				20,000.00
00006	CLIN0006 - Transferred Hearing Claims Base Period - CLIN0006 10/01/2014 - 09/30/2016 Base Period Value \$4,200.00 Option Year 1 - CLIN0006 10/01/2016 - 09/30/2017 Option Year 1 Value \$2,100.00 Option Year 2 - CLIN0006 10/01/2017 - 09/30/2018 Continued ...				10,500.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE 6	OF 10
---------------------------	---	-----------	----------

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00007	<p>Option Year 2 Value \$2,100.00</p> <p>Option Year 3 - CLIN0006 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$2,100.00</p> <p>Total Value With base and all Options \$ 10,500.00</p> <p>Line item value is:\$10,500.00</p> <p>Incrementally Funded Amount: \$4,200.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$4,200.00</p> <p>CLIN0007 - Re-opened Legacy Indemnity Claims (closed prior to October 1, 2014).</p> <p>Base Period - CLIN0007 10/1/2014 - 09/30/2016</p> <p>Base Period Value \$24,000.00</p> <p>Option Year 1 - CLIN0007 10/1/2016 - 09/30/2017</p> <p>Option Year 1 Value \$12,000.00</p> <p>Option Year 2 - CLIN0007 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$12,000.00</p> <p>Option Year 3 - CLIN0007 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$12,000.00</p> <p>Total Value with Base and all Options \$60,000.00</p> <p>Line item value is:\$60,000.00</p> <p>Incrementally Funded Amount: \$5,000.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$5,000.00</p> <p>Continued ...</p>				60,000.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		7	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00008	<p>CLIN0008 - Re-opened Legacy Medical Claims (closed prior to October 1, 2014).</p> <p>Base Period - CLIN0008 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$1700.00</p> <p>Option Year 1 - CLIN0008 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$850.00</p> <p>Option Year 2 - CLIN0008 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$850.00</p> <p>Option Year 3 - CLIN0008 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$850.00</p> <p>Total Value with Base and all Options \$ 4,250.00</p> <p>Line item value is:\$4,250.00</p> <p>Incrementally Funded Amount: \$1,700.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395</p> <p>Funded: \$1,700.00</p>				4,250.00
00009	<p>CLIN0009 - Re-opened Legacy Hearing Claims (closed prior to October 1, 2014).</p> <p>Base Period - CLIN0009 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$101,500.00</p> <p>Option Year 1 - CLIN0009 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$50,750.00</p> <p>Option Year 2 - CLIN0009 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$50,750.00</p> <p>Option Year 3 - CLIN0009 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$50,750.00</p> <p>Continued ...</p>				253,750.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE 8	OF 10
---------------------------	---	-----------	----------

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Total Value with Base and all Options \$253,750.00 Line item value is:\$253,750.00 Incrementally Funded Amount: \$5,000.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$5,000.00				
00010	CLIN0010 - Energy Employees Occupational Illness And Compensation Program (EEOICPA) Base Period - CLIN0010A, CLIN0010B, CLIN0010F and CLIN0010G 10/01/2014 - 09/30/2016 Base Period Value \$ 22,404.02 Option Year 1 - CLIN0010C and CLIN0010H 10/01/2016 - 09/30/2017 Option Year 1 Value \$11,789.80 Option Year 2 - CLIN0010D and CLIN0010I 10/01/2017 - 09/30/2018 Option Year 2 Value \$12,181.66 Option Year 3 CLIN0010E and CLIN0010J 10/01/2018 - 09/30/2019 Option Year 3 Value \$12,573.52 Total Value with Base and all Options \$58,949.00 Line item value is:\$58,949.00 Incrementally Funded Amount: \$5,000.00 Accounting Info: Fund: 01050 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25102 Program: 3184701 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$5,000.00				58,949.00
00011	CLIN0011 - Contractor Travel Expenses Base Period - CLIN0011 10/01/2014 09/30/2016 Continued ...				0.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383	PAGE	OF
		9	10

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Option Year 1 - CLIN0011 10/01/2016 - 09/30/2017 Option Year 2 - CLIN0011 10/01/2017 - 09/30/2018 Option Year 3 - CLIN0011 10/01/2018 - 09/30/2019 Line item value is:\$0.00 Incrementally Funded Amount: \$0.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00				
00012	CLIN0012 - Required Services for Claims Under Medicare Section 111 Base Period - CLIN0012 10/01/2014 - 09/30/2016 Base Period Value \$30,900.00 Option Year 1 - CLIN0012 10/01/2016 - 09/30/2017 Option Year 1 Value \$16,800.00 Option Year 2 - CLIN0012 10/30/2017 - 09/30/2018 Option Year 2 Value \$17,700.00 Option Year 3 - CLIN0012 10/01/2018 - 09/30/2019 Option Year 3 Value \$18,600.00 Total Value with Base and all Options \$84,000.00 Line item value is:\$84,000.00 Incrementally Funded Amount: \$1,000.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$1,000.00				84,000.00
00013	CLIN0013 - Hanford General Employee Training (HGET) Expenses Continued ...				600.00

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Base Period - CLIN0013 10/01/2014 - 09/30/2016 Base Period Value \$600.00 Option Year 1 - CLIN0013 10/01/2016 - 09/30/2017 Option Year 2 - CLIN0013 10/30/2017 - 09/30/2018 Option Year 3 - CLIN0013 10/01/2018 - 09/30/2019 Line item value is:\$600.00 Incrementally Funded Amount: \$600.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$600.00				